

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000016797

FILED  
Aug 21, 2008  
Secretary of State

Entity Name: ABOOD WOOD FAY MANAGEMENT, LLC.

## Current Principal Place of Business:

95 MERRICK WAY, SUITE 380  
ATTN: YVONNE BROWN  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

95 MERRICK WAY  
SUITE 380  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 54-2064577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVER, SCOTT A  
18001 OLD CUTLER RD  
SUITE 600  
PALMETTO BAY, FL 33157 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ROSENTHAL, HOWARD S PR  
Address: 95 MERRICK WAY SUITE 380  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: ABOOD, DONNA  
Address: 95 MERRICK WAY SUITE 380  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: FAY, MICHAEL  
Address: 95 MERRICK WAY SUITE 380  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: WOOD, THOMAS JR  
Address: 95 MERRICK WAY SUITE 380  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LAMB, KIMBERLY  
Address: 95 MERRICK WAY SUITE 380  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL DELP

VP

08/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date